ZIMMERMAN NURSING HOME

Developmentally Disabled

No

617 4TH STREET

REEDSBURG 53959 Phone: (608) 524-3664 Ownershi p: Indi vi dual Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? Highest Level License: Intermediate Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): Title 18 (Medicare) Certified? 10 No Total Licensed Bed Capacity (12/31/00): Number of Residents on 12/31/00: 12 Average Daily Census: 9

*********************************** Age, Sex, and Primary Diagnosis of Residents (12/31/00) Services Provided to Non-Residents Length of Stay (12/31/00) Age Groups Home Health Care No Primary Diagnosis Less Than 1 Year 12.5 Supp. Home Care-Personal Care No 1 - 4 Years 62. 5 Supp. Home Care-Household Services Developmental Disabilities 0.0 Under 65 0.0 More Than 4 Years **25.0** No Day Services Mental Illness (Org. /Psy) No **50.** 0 65 - 74 0.0 Respite Care No Mental Illness (0ther) 0.0 75 - 84 0.0 100.0 Adult Day Care Alcohol & Other Drug Abuse 0.0 85 - 94 **75.0** No Adult Day Health Care Para-, Quadra-, Hemi plegi c Full-Time Equivalent No 0.0 95 & 0ver **25.** 0 Nursing Staff per 100 Residents (12/31/00) Congregate Meals No Cancer 0.0 Home Delivered Meals Fractures 100.0 No 0.0 Other Meals No Cardi ovascul ar 65 & Over 100.0 0.0 Transportation Referral Service No Cerebrovascul ar 12. 5 RNs 20.0 No Di abetes 0.0 Sex LPNs 0.0 Other Services Nursing Assistants No Respi ratory 0.0 Provide Day Programming for Mentally Ill Other Medical Conditions Male 12.5 Aides & Orderlies 34. 2 37. 5 No Femal e 87. 5 100.0 Provi de Day Programming for

Method of Reimbursement

100.0

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent
	Per Diem			1	Per Diem			Per Diem			Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	8	100.0	\$60.00	0	0.0	\$0.00	8	100.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		0	0.0		0	0.0		8	100.0		0	0.0		8	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Number of Percent Admissions from: % Totally Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 0.0 62.5 37. 5 8 Other Nursing Homes 100 Dressi ng 12.5 **50.** 0 37. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 37. 5 **25.** 0 8 0.0 37. 5 25.0 0.0 Toilet Use 37. 5 37. 5 0.0 Eating 62. 5 12.5 **25.** 0 Other Locations ***** 0.0 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 0.0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder **50.0** 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel **50.** 0 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 100 Mobility 0.0 Physically Restrained 37.5 0.0 25. 0 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 0.0 Deaths 0.0 With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 0.0Receiving Psychoactive Drugs (Including Deaths) 37. 5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:					
	Thi s	Pro	ori etary	Unde	er 50	Intermedi ate		Al l			
	Facility	Peer Group		Peer Group		Peer Group		Facilities			
	% Tue!!!!	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	75. 0	83 . 7	0. 90	92. 9	0. 81	75.0	1. 00	84. 5	0. 89		
Current Residents from In-County	100	75 . 1	1. 33	74. 7	1. 34	100. 0	1. 00	77. 5	1. 29		
Admissions from In-County, Still Residing	100	18. 7	5. 34	24. 5	4. 08	100. 0	1. 00	21. 5	4. 65		
Admissions/Average Daily Census	11. 1	152. 8	0. 07	88. 3	0. 13	11. 1	1.00	124. 3	0.09		
Discharges/Average Daily Census	11. 1	154. 5	0. 07	84. 8	0. 13	11. 1	1.00	126. 1	0.09		
Discharges To Private Residence/Average Daily Census	0. 0	59. 1	0.00	19. 3	0.00	0. 0	0.00	49. 9	0.00		
Residents Receiving Skilled Care	0.0	90. 6	0.00	77. 6	0.00	0. 0	0.00	83. 3	0.00		
Residents Aged 65 and Older	100	95. 0	1. 05	92. 5	1.08	100.0	1.00	87. 7	1. 14		
Title 19 (Medicaid) Funded Residents	0.0	65 . 4	0.00	55. 7	0.00	0. 0	0.00	69. 0	0.00		
Private Pay Funded Residents	100	23. 2	4. 30	41.4	2.42	100. 0	1.00	22.6	4. 43		
Developmentally Disabled Residents	0. 0	0. 8	0.00	1. 7	0.00	0. 0	0.00	7. 6	0.00		
Mentally Ill Residents	50. 0	31.4	1. 59	47. 1	1.06	50. 0	1.00	33. 3	1. 50		
General Medical Service Residents	37. 5	23. 2	1. 62	8. 6	4. 35	37. 5	1.00	18. 4	2.03		
Impaired ADL (Mean)	55. 0	48. 9	1. 13	49. 3	1. 12	55. 0	1.00	49. 4	1. 11		
Psychological Problems	37. 5	44. 1	0. 85	44. 3	0.85	37. 5	1.00	50. 1	0.75		
Nursing Care Required (Mean)	3. 1	6. 5	0. 48	7. 2	0.44	3. 1	1.00	7. 2	0.44		